

## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 22. BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY

Authority: A.R.S. § 32-1801 et seq.

## ARTICLE 1. GENERAL PROVISIONS

*New Article 1 consisting of Sections R4-22-101, R4-22-103, and R4-22-104 adopted and former rules R4-22-05 and R4-22-06 amended and renumbered as Sections R4-22-105 and R4-22-106 effective June 29, 1987.*

*Former Article 1 consisting of Sections R4-22-01, R4-22-02, R4-22-04 thru R4-22-07, R4-22-09, R4-22-10, and R4-22-12 repealed and Sections R4-22-08 and R4-22-11 amended and renumbered as R4-22-05 and R4-22-06 effective June 29, 1987.*

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## ARTICLE 1. GENERAL PROVISIONS

**R4-22-101. Definitions**

For the purposes of A.R.S. Title 32, Chapter 17 and this Chapter, the following terms shall have the meanings set forth in this rule, unless the context otherwise requires:

1. "Complete," with regard to an educational program, means to satisfy all the requirements of the educational program, including the achieving of a passing score on all applicable examinations.
2. "Supervise," with regard to a medical assistant, means that a physician has assigned to a medical assistant a procedure to be performed for a patient, has reviewed the procedure upon completion and approved it, and is available for consultation with the medical assistant at all times during the course of the procedure.

**Historical Note**

Former Rule 1. Former Section R4-22-01 repealed, new Section R4-22-101 adopted effective June 29, 1987 (Supp. 87-2). Former Section R4-22-101 renumbered to R4-22-109, new Section R4-22-101 adopted effective May 3, 1993 (Supp. 93-2).

**R4-22-102. Specialist Designation**

A specialty board approved by the Board includes only those specialty boards recognized by the American Osteopathic Association and listed in the *Yearbook and Directory of the American Osteopathic Association*, 1991, page 643, or the American Board of Medical Specialties and listed in the *Annual Report and Reference Handbook of the American Board of Medical Specialties*, June 1991, page 103, which are incorporated herein by reference and on file with the Office of the Secretary of State.

**Historical Note**

Adopted effective January 24, 1984 (Supp. 84-1). Section R4-22-02 repealed effective June 29, 1987 (Supp. 87-2). New Section R4-22-102 adopted effective August 7, 1992 (Supp. 92-3).

**R4-22-103. Approved Internships and Residencies**

For purposes of A.R.S. § 32-1822, the equivalent of an approved internship or approved residency is any of the following:

1. One or more years of a fellowship training program approved by the American Osteopathic Association (AOA) or the Accreditation Council on Graduate Medical Education (ACGME);
2. A current certification by the AOA in an osteopathic medical specialty; or
3. For those who were awarded a Doctor of Osteopathy degree in 1946 or earlier, a minimum of 10 years of continuous active practice of osteopathic medicine and surgery immediately before applying for licensure.

**Historical Note**

Former Section R4-22-04 repealed, new Section R4-22-103 adopted effective June 29, 1987 (Supp. 87-2). Amended by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2).

**R4-22-104. Examination and Issuance of Licenses; Lapse of Application**

- A. Examination. Pursuant to A.R.S. § 32-1822(4), an applicant for licensure by examination must pass either the federal licensing examination (FLEX) with a grade of 75 or above in both components or the examination by the National Board of Osteopathic Examiners (NBOE) with a weighted average of 75% as determined by the NBOE.
- B. Waiver of examination. An applicant for licensure who is currently licensed to practice as an osteopathic physician and surgeon as specified in A.R.S. § 32-1822(4) need not take the examination referred to in subsection (A) if:
  1. The applicant has taken the FLEX or NBOE examination within the seven-year period preceding the date of application and passed with the grade level specified in subsection (A); or
  2. The applicant has been continuously engaged in osteopathic practice and training since initial licensure. In determining whether an applicant has been continuously engaged in osteopathic practice and training, the Board will consider the following:
    - a. Total length of time the individual has been in the practice of medicine.
    - b. Percentage of time the individual devoted to the practice of medicine while not in full time practice.
    - c. Type and amount of continuing medical education or professional training the individual obtained while not in full time practice.
- C. Personal interviews. The purpose of the personal interview required by A.R.S. § 32-1822(6) is to investigate the applicant's professional and personal background, to review the applicant's medical knowledge, to determine the applicant's ability to practice medicine in Arizona, and to clarify, explain, or amplify information obtained during the application process.
  1. The personal interview may include questions relating to

any or all of the following areas:

- a. Substantive medical knowledge.
  - b. Arizona practice issues or problems.
  - c. Education qualifications.
  - d. Professional experience.
  - e. Applicant's moral character and fitness to practice medicine and surgery in Arizona.
2. An applicant must correctly answer 75% of the medical knowledge questions to be considered acceptable for licensure.
  3. Any adverse information obtained by the Board during the personal interview may be grounds for further investigation or denial of licensure.
- D.** Time limitations. Each applicant for Arizona Osteopathic licensure must pass the written examination if required, and appear before the Board for the personal interview within one year from the date the application is filed. Failure to do so shall cause the application to lapse. Within six months from the date of successful completion of the personal interview, each applicant for Arizona Osteopathic licensure must complete all requirements for issuance of the license including payment of all fees and completion of an internship. Failure to do so shall cause the application to lapse.

#### Historical Note

Former Rule 4. Amended effective May 2, 1978 (Supp. 78-3). Former Section R4-22-05 repealed, new Section R4-22-104 adopted effective June 29, 1987 (Supp. 87-2).

#### R4-22-105. Repealed

#### Historical Note

Former Rule 8. Amended by adding subsection (D) effective January 24, 1984 (Supp. 84-1). Former Section R4-22-08 amended and renumbered as Section R4-22-105 effective June 29, 1987 (Supp. 87-2). Section repealed by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2).

#### R4-22-106. Rehearing or Review of Decision

- A.** The Board shall provide for a rehearing and review of its decisions under A.R.S. Title 41, Chapter 6, Article 10 and rules established by the Office of Administrative Hearings.
- B.** A party is required to file a motion for rehearing or review of a decision of the Board to exhaust the party's administrative remedies.
- C.** A party may amend a motion for rehearing or review at any time before the Board rules on the motion.
- D.** The Board may grant a rehearing or review for any of the following reasons materially affecting a party's rights:
  1. Irregularity in the proceedings of the Board, or any order or abuse of discretion, that deprived the moving party of a fair hearing;
  2. Misconduct of the Board, its staff, an administrative law judge, or the prevailing party;
  3. Accident or surprise that could not have been prevented by ordinary prudence;
  4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the hearing;
  5. Excessive penalty;
  6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the proceedings;
  7. That the Board's decision is a result of passion or prejudice; or
  8. That the findings of fact or decision is not justified by the evidence or is contrary to law.

- E.** The Board may affirm or modify a decision or grant a rehearing to all or any of the parties on all or part of the issues for any of the reasons in subsection (D). An order modifying a decision or granting a rehearing shall specify with particularity the grounds for the order.
- F.** When a motion for rehearing or review is based upon affidavits, they shall be served with the motion. An opposing party may, within 15 days after service, serve opposing affidavits. The Board may extend this period for a maximum of 20 days, for good cause as described in subsection (I).
- G.** Not later than 10 days after the date of a decision, after giving parties notice and an opportunity to be heard, the Board may grant a rehearing or review on its own initiative for any reason for which it might have granted relief on motion of a party. The Board may grant a motion for rehearing or review, timely served, for a reason not stated in the motion.
- H.** If a rehearing is granted, the Board shall hold the rehearing within 60 days after the issue date on the order granting the rehearing.
- I.** The Board may extend all time limits listed in this Section upon a showing of good cause. A party demonstrates good cause by showing that the grounds for the party's motion or other action could not have been known in time, using reasonable diligence, and:
  1. A ruling on the motion will further administrative convenience, expedition, or economy; or
  2. A ruling on the motion will avoid undue prejudice to any party.

#### Historical Note

Adopted effective May 8, 1978 (Supp. 78-3). Former Section R4-22-11 amended and renumbered as Section R4-22-106 effective June 29, 1987 (Supp. 87-2). Amended by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2).

#### R4-22-107. Labeling, Recordkeeping, Storage, and Packaging of Drugs

- A.** Labeling. The following information shall be included on labels of medications being dispensed by licensed osteopathic physicians:
  1. Serial number and date dispensed.
  2. Name of the patient for whom drug was issued.
  3. Name, strength and quantity of drug dispensed.
  4. Directions for use and cautionary statement if any is contained in the prescription order for the drug.
  5. Name of drug and manufacturer or distributor in case of generic substitution.
  6. Name, address and telephone number of the dispensing physician.
  7. In the case of controlled substances, the cautionary statement "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed."
- B.** Required information. A prescription order shall contain the following information:
  1. Date of issuance.
  2. Name and address of the patient for which the prescription order has been issued.
  3. Name, strength and quantity of the drug prescribed and dispensed.
  4. Name and address of the physician dispensing the medication.
  5. Drug Enforcement Agency number of the physician dispensing for controlled substances.
- C.** Prescription recordkeeping. Prescription orders for drugs dispensed by licensed osteopathic physicians shall be:

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1. Sequentially numbered and dated on date of dispensing.
  2. Filed separately from the patient records.
  3. Filed separately for Class II controlled substances.
  4. Filed separately or marked with a prominent red "C" for Class III, IV, & V controlled substances.
  5. Listed in a log showing the name of patient, name of drug, number dispensed, and date of dispensation.
- D. Records, receipts, refilling prescriptions.**
1. A record of refills shall be kept on the back of the prescription showing the date, name or initials of dispensing physician and quantity dispensed if that varies from the original amount ordered.
  2. Resale of medication to another licensed physician shall not exceed 5% of the seller's total annual sales of medications. A record of the sale shall be kept for a period of three years.
  3. Invoices of receipts and records of disbursement shall be maintained for all controlled substances for a period of three years.
  4. Annual inventories of all controlled substances shall be performed and available for review by Drug Enforcement Agency and other drug control agencies.
  5. Schedule II controlled substances prescription orders shall not be refilled.
  6. Schedule III, IV and V controlled substances prescription orders may be refilled a maximum of five times within six months from date of prescription order.
- E. Storage.**
1. All medications shall be stored in a locked cabinet or room, with restricted access to the drug storage area.
  2. Storage rooms should not exceed a high temperature of 85° Fahrenheit.
  3. All medications shall be in current or unexpired dating or returned to source of supply.
- F. Packaging.** A medication dispensed by the physician shall be in light-resistant container with a consumer safety cap (i.e., a container cap that does not screw directly on or off the container) unless the patient and physician agree otherwise and shall be labeled by a mechanically printed label.
- ical Education defined in the AOA Continuing Medical Education Guide dated 1983, incorporated herein by reference and on file in the Office of the Secretary of State.
2. Residency, internship, fellowship or preceptorship in a teaching institution approved by the AOA or the American Medical Association (AMA).
- B. The following is acceptable evidence of continuing medical education for annual license renewal:**
1. An individual using AOA-Approved Category 1A Continuing Medical Education shall submit either the AOA printout of the individual's continuing medical education or a certificate of attendance from the sponsor of the course.
  2. Interns, residents, fellows or preceptors shall submit either a letter from the Director of Medical Education for the internship, residency, fellowship or preceptorship, or a copy of a certificate of completion of the internship, residency, fellowship or preceptorship.
- C. Requests for waiver of continuing medical education requirements made pursuant to A.R.S. § 32-1825(C) must be in writing and must be accompanied by the following documentation depending upon the reason for waiver:**
1. Disability - letter from treating physician stating nature of disability.
  2. Military - letter from commanding officer verifying type of service (administrative or practice of medicine).
  3. Absence from the United States - photocopy of passport showing dates of exit and, if applicable, date of reentry.
  4. Circumstances beyond licensee's control - letter stating the nature of the circumstances explaining why it is beyond the licensee's control to timely obtain the required continuing education. The letter must be supplemented with supporting documentation.

**Historical Note**

Former Rule 1. Former Section R4-22-01 repealed, new Section R4-22-101 adopted effective June 29, 1987 (Supp. 87-2). Renumbered from R4-22-101 effective May 3, 1993 (Supp. 93-2).

**R4-22-110. Approval of Educational Programs for Medical Assistants**

- A.** For purposes of this Section, a Board-approved medical assistant training program is a program:
1. Accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP);
  2. Accredited by the Accrediting Bureau of Health Education Schools (ABHES);
  3. Accredited by any accrediting agency recognized by the United States Department of Education; or
  4. Designed and offered by a licensed osteopathic physician, meets or exceeds the standards of one of the accrediting programs listed in subsections (A)(1) through (A)(3), and verifies that those who complete the program have the entry level competencies referenced in R4-22-111.
- B.** A person seeking approval of a training program for medical assistants shall submit verification to the Board that the program meets the requirements in subsection (A).

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2).

**R4-22-111. Medical Assistants – Authorized Procedures**

A medical assistant may, under the direct supervision of an osteopathic physician or a physician assistant, perform the medical procedures listed in the Commission on Accreditation of Allied Health

**Historical Note**

Adopted effective August 7, 1992 (Supp. 92-3).

**R4-22-108. Miscellaneous Fees**

The following fees for services rendered by the Board are hereby established:

1. For verification of a license to practice osteopathic medicine issued by the Board and copy of licensee's complaint history, \$5.00.
2. For a copy of the minutes to all Board meetings during the calendar year, \$75.00.
3. For the sale of lists of physicians licensed by the Board, \$25.00.
4. For copying records, documents, letters, minutes, applications, and files, 25¢ per page.
5. For copying audio tapes, \$35.00 per tape.
6. For the sale of computerized tapes or diskettes not requiring programming, \$100.

**Historical Note**

Adopted effective August 7, 1992 (Supp. 92-3).

**R4-22-109. Continuing Medical Education; Approval; Waiver**

- A.** Board approved continuing medical education programs required by A.R.S. § 32-1825(B) include:
1. Programs classified by the American Osteopathic Association (AOA) as Approved Category 1A Continuing Med-

Education Programs' *Standards and Guidelines for Medical Assisting Educational Programs, revised 2003*, Section III(C)(3)(a) through (c). This material is incorporated by reference, does not include any later revisions, amendments or editions, is on file with the Board, and may be obtained at [www.caahep.org](http://www.caahep.org). Additionally, a medical assistant working under the direct supervision of an osteopathic physician or physician assistant may:

1. Perform physical medicine modalities, including administering whirlpool treatments, diathermy treatments, electronic galvanic stimulation treatments, ultrasound therapy, massage therapy, and traction treatments;
2. Apply Transcutaneous Nerve Stimulation units and hot and cold packs; and
3. Administer small volume nebulizers.

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2).

**R4-22-112. Medical Assistant Training Requirement**

- A.** The supervising physician or physician assistant shall ensure that a medical assistant satisfies one of the following training requirements before the medical assistant is employed:
1. Completes an approved medical assistant training program,
  2. Completes an unapproved medical assistant training program and passes a medical assistant examination administered by either the American Association of Medical Assistants or the American Medical Technologists, or
  3. Completes a medical services training program of the Armed Forces of the United States.

- B.** This Section does not apply to a person who completed a medical assistant training program before the effective date of this Section and was employed continuously as a medical assistant since completing the program.

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2).

**R4-22-113. Repealed**

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Section repealed by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2).

**R4-22-114. Repealed**

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Section repealed by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2).

**R4-22-115. Petitions for Rulemaking**

Petitions to the Board pursuant to A.R.S. § 41-1033 shall be made in writing by delivering or mailing to the Board a letter requesting the adoption of the rule. The letter shall state the purpose for the proposed rule, the name and address of the person requesting the adoption of the rule, and be signed by that person.

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2).